

Telehealth survey 2012/02/29	
Area of interest	Interview -done- not edited
Contact person	Phil donahue Exec Dir Albemarle Hosp Foundation (and exec dir of clinic) E-Mail pdonahue@albemarlehosp.org Work 252-384-4600
Synopsis	Albemarle Hospital Foundation: Telepsych(assessment in ED), Telecare(primary care), Telecpsych(assessment in jail), Telemed(general in health depts- piloting)
Other notes	

What types of telehealth activities is your organization involved with?	<p>Albemarle Hospital Foundation</p> <p>1) Telepsych - started 1/2011, 8 hospital sites; going live with 5 more sites by end 1Q2012. Contracted with large psych group (Coastal Carolina Neuro Services) to assess patients in the ED; to find the best setting for care more quickly (avoid long ED stays). Gets psychiatrist consult in 30 minutes. Has created large reduction in LOS. All Vidant hospitals on board; now enrolling others in eastern NC. Expecting 19 sites in the end. Lynn Hollowell thinking of conference for Duke Endowment TH programs. Hospitals play flat fee per year based on size/frequency.</p> <p>2) Telemed in NE counties; in health depts; First pilot site now (Hyde). Cisco equipment; Give primary care support services; working with ECU. Telederm, wound care, OB, behavioral health. In Hyde - provide primary care; RN hosts at patient end. KBR grant proposed; ORH may help. Financial sustainability an issue. Dare county is next.</p> <p>3) Telepsych - Work with county gov for consult/assessment at local jail. Jail pays. In development.</p>
Protocol outline	
Key Motives	Improve care, improve access, lower long term costs, Improve outcomes.
What are the end-point sites ?	See above
Technology partners	Cisco (being considered for one program), Polycom
Store and forward and/or real-time	real-time

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	telepsych, telederm, teleprimary care, telestroke
Which patient populations?	Mostly Medicaid and Medicare and "self pay".
Relevant program volume estimates (e.g. #sites, #patients, #providers)	Telepsych - ~ 800 evals since May 2011. Expect 3-4k next
Key challenges and success factors?	Provider competition concerns (anticipated); Financial sustainability; Technology is not a challenge.
How long has the program been in operation?	See above; one program has run one year.
Financing model?	See above
Value proposition	See above
Future plans/phases?	See above. Expect to grow tele-based services in more places and domains.
Other materials for interested parties (slides, web pages, articles)	He will add for telepsych ???

Contacts for other Telehealth Programs	Ed Spencer - in South Carolina - ??? Contact - large telepsych program; five years old; State Dept of Mental Health is where docs reside.
Interest in Conference	Yes - if well organized; develop best practices;
NCTN service used?	Likely

Telehealth survey 2012/02/29	
Area of interest	Interview -done - not edited
Contact person	Dr. Chere Chase <cmchase@novanthealth.org> Forsyth Memorial Neuroscience Medical Director 336-817-1057
Synopsis	Forsyth Memorial: Teleneuro(stroke and other emergent neuro issues), Telepsych(assessment in ED)
Other notes	

What types of telehealth activities is your organization involved with?	<p>Teleneuro - all neuro emergencies; 9 hospitals (hub and spokes) 24/7 coverage; keep patients in home hospital is possible; need 15 response time for Primary Stroke Program; fill holes in expertise and manpower;</p> <p>Telepsych - not her responsibility. She will connect me ;</p> <p>Duke Endowment Grant app - extend program</p>
Protocol outline	Physician in hospital setting calls for support; video and radiographic capability (push of images to hub) for remote patient eval; lab work (fax).
Key Motives	Spoke hospitals wanted the service to save patient transport; TPA admin in time; faster seizure stop; hub does QA on the program.
What are the end-point sites ?	9 regional hospitals; others can use DoctorConnect (with just a phone call). 80% of calls need videography others need only images;
Technology partners	Specialists-on-call - does the professional consultant services and setup technology.
Store and forward and/or real-time	real-time;

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	telestroke, teleneuro
Which patient populations?	all neuro emergencies (mostly stroke) - esp. stroke, brain tumors, migraine, generalized weakness;
Relevant program volume estimates (e.g. #sites, #patients, #providers)	9 sites one in VA; ??? Chere will provide patient load. ; 70-80% of patients stay at home hospital.
Key challenges and success factors?	Success - Decision to make service broader than just stroke - all neuro emergencies; Challenge -helping spoke staff understand that they have more choices for patients as to location of care (as opposed to just Forsyth). Non-competition from remote specialist.
How long has the program been in operation?	over 2 years
Financing model?	Some have early grant funding; For new spoke hospital, spoke pays flat fee based on size and frequency of use. Hospitals see it as a net gain (e.g. TPA admin, keep more patients).
Value proposition	Improved advanced care, lower systemic costs, improve outcomes; keep families together.
Future plans/phases?	Don't anticipate many more hospitals; may add services as local dynamics change.
Other materials for interested parties (slides, web pages, articles)	??? She may add

Contacts for other Telehealth Programs	Telepsych - not her responsibility. She will connect me ; Duke Endowment Grant app - extend program
Interest in Conference	Yes
NCTN service used?	Some

Telehealth survey 2012/02/29	
Area of interest	Interview -done (from emailed info plus phone call)
Contact person	"Shelley Keir " <skeir@n3cn.org> 919-926-3892
Synopsis	CCNC : Telepsych, Telecare(hypertension, CHF), Other (being surveyed now)
Other notes	

<p>What types of telehealth activities is your organization involved with?</p>	<p>Brief report on CCNC activities:</p> <p>She is gathering info on the telehealth projects in the CCNC networks. Available in the next few weeks.</p> <p>As of now, CCNC networks have primarily been using telehealth with CHF patients.</p> <p>In addition, four networks worked on a pilot project a few years ago that focused on a high-risk subset of recipients with hypertension.</p> <p>There are also some tele-psychiatry projects going on (see Mike Lancaster's interview)</p>
<p>Protocol outline</p>	
<p>Key Motives</p>	
<p>What are the end-point sites ?</p>	
<p>Technology partners</p>	
<p>Store and forward and/or real-time</p>	

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	CHF, hypertension, Psych
Which patient populations?	
Relevant program volume estimates (e.g. #sites, #patients, #providers)	
Key challenges and success factors?	
How long has the program been in operation?	
Financing model?	
Value proposition	
Future plans/phases?	
Other materials for interested parties (slides, web pages, articles)	

Contacts for other Telehealth Programs	
Interest in Conference	Yes
NCTN service used?	Not offered yet

Telehealth survey 2012/02/29	
Area of interest	Interview- done not edited
Contact person	Santanu Datta, Ph.D. Assistant Professor Faculty datta001@mc.duke.edu +1 919 286 6936(tel) 919-286-0411 x7580 Health economist; did budget cost-effectiveness etc for the tele programs
Synopsis	Veterans Health Admin: Teleretinal imaging (diabetes), Telederm, Telecounseling (genetic), Telepsych(assessment), Telepsych(therapy)
Other notes	

What types of telehealth activities is your organization involved with?	<p>1) Teleretinal imaging - to screen vets in remote areas for diabetes ; want to improve access; store and forward; operational for three years; widely available in VISN6</p> <p>2) Telederm - for rural settings; store and forward; for triage; operational though relatively young;</p> <p>3) Telecounseling - cancer genetics counseling over VTC for rural onc clinics; proposal only (with Duke) so far. Reimbursement is an issue (no specific CPT)</p> <p>4) Telepsych - for assessment and therapy; esp in rural areas operational in almost all VISNs nationwide.</p> <p>5) Myhealthevet - a type of PHR tied to VA programs. Patients access med records, lab results, secure messaging with PCP.</p>
Protocol outline	See above
Key Motives	VA interest in using technology to improve care, improve access, outcomes, contain costs. Esp for recent returning veterans. Counteract panel size growth. Save patient travel time, wait time.
What are the end-point sites ?	Remote sites are VA sites- CBOC (Community Based Outpatient Clinic); Durham, Asheville, 8 CBOCs.
Technology partners	Vtel for VTC; stock cameras for derm stills;
Store and forward and/or real-time	store-and-forward, real time for psych

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	dermat, psych, retina, counseling
Which patient populations?	veterans
Relevant program volume estimates (e.g. #sites, #patients, #providers)	He will look up !
Key challenges and success factors?	Success - do research first to determine improvements, patient satisfaction, provider satisfaction. Implementation science;
How long has the program been in operation?	retinal - 3 years; psych - 5 years; others less than 1 year.
Financing model?	VA budget allocations; Duke genetic counseling - need for reimbursement for Duke.
Value proposition	
Future plans/phases?	Grow current apps system wide for those mentioned; Telehealth is a hot research topic (query) for VA; expect more domains to be explored.
Other materials for interested parties (slides, web pages, articles)	http://www.telehealth.va.gov/index.asp - included teleradiology, home health telecare;

Contacts for other Telehealth Programs	DOD ; TATRC http://www.tatrc.org/
Interest in Conference	Yes
NCTN service used?	No

Telehealth survey 2012/02/29	
Area of interest	Interview- done - edited
Contact person	Brad Kolls (Duke) telestroke Off 919 684-0084 Cell 919 724-3816 "Bradley Kolls, M.D." <bradley.kolls@duke.edu>
Synopsis	Duke: Telestroke
Other notes	

What types of telehealth activities is your organization involved with?	Telestroke- assessment of patients for TPA plus other neurological disorders, patient care environment setting. Duke specialists.
Protocol outline	24x7 for various hospitals for acute stroke via video plus remote patient records, images. For TPA and/or transfer decision. ; Can do followup next day eval - if no local neurologist.
Key Motives	TPA use is lower than useful in the community; Improve quality of care at local hospital. Optimal treatment environment (expect more to be done locally- at community hospitals). Not sure about cost effect. not a major design point
What are the end-point sites ?	Duke, homes (laptop - broadband; likely wireless) for specialist; initially, 5-6 sites (community hospitals) then grow 1-2 per year for a few years.
Technology partners	Intouch (does regular ping of community hospital sites); most sites buy the most advanced robot (i.e. remotely controlled).
Store and forward and/or real-time	real time

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	telestroke
Which patient populations?	any stroke (largely adults, largely older, largely rural). No insurer preference.
Relevant program volume estimates (e.g. #sites, #patients, #providers)	5-6 sites; 7 Duke specialists; expect 1-3 consults per week for all sites together.
Key challenges and success factors?	IT skills - especially at remote hospitals; buy in from faculty; legal (contract) issues - Duke internal and with community hospitals. ; problem with medical licensing for consults out of state (Va) (potential area for DHHS help)
How long has the program been in operation?	just starting- early 2012.
Financing model?	Duke does for flat monthly fee (from community hospitals); Technical costs built into fee. Community hospital labor (IT, nurse) not billed for.. CH can buy equipment and use it for a variety of activities. CH physician does normal billing of insurers
Value proposition	See above,
Future plans/phases?	add 1-2 community hospitals per year; EHR integration. Use system for documentation.
Other materials for interested parties (slides, web pages, articles)	Coming

Contacts for other Telehealth Programs	Interest inside Duke in developing general neuro consults, other service lines.
Interest in Conference	Yes
NCTN service used?	Not offered

Telehealth survey 2012/02/29	
Area of interest	Interview - done - not edited
Contact person	Mike Lancaster, MD (Community Care of NC) - mental health - mlancaster@n3cn.org Michael Lancaster, MD Director, Behavior Health Program North Carolina Community Care, Inc P: 919-745-2405 email:mlancaster@n3cn.org
Synopsis	CCNC (Behavioral Health): Telepsych (to priamry care sites, med mgmt)
Other notes	He directs Behavioral Health Integration statewide - esp colocation of primary and psych services.

What types of telehealth activities is your organization involved with?	1) Biggest initiative is in Sandhills region. Telepsych to 20 primary care practices; starting with 7 expanding to 20 in 12 months. Assessment, med mgmt, consults with PCPs, therapy (an option but not widely used). Professional services getting through contract with Easter Seals. Psychiatrists in Raleigh and Winston-Salem
Protocol outline	PCPs use this when they have patients that they want help with.
Key Motives	Integrate care; Serve the underserved; Extend care; Improve outcomes. Expect preventive care to reduce long term costs- though increased aggregate short term costs from serving more people.
What are the end-point sites ?	20 PCP sites.
Technology partners	Polycom - broadband based. ; InSight (psych group doing telepsych in NJ; program consult only).
Store and forward and/or real-time	real time

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	telepsych (assessment, med mgmt)
Which patient populations?	Medicaid patient focus.
Relevant program volume estimates (e.g. #sites, #patients, #providers)	20 sites, 4 hours per week per practice in 7 practices to start likely on a schedule.
Key challenges and success factors?	Initial provider group (psych) did not work well.
How long has the program been in operation?	just started early 2012.
Financing model?	equipment - grant based (from CCNC and Sandhills); psych - fee for service; PCP bills for psych service and pay consultant; PCP - fee for service. Facility fee - (approx \$20 per session)
Value proposition	Extend service, lower long term costs; Improve outcomes.
Future plans/phases?	Go to other regions; other consulting disciplines (e.g. telederm)
Other materials for interested parties (slides, web pages, articles)	Nothing posting yet; Art E. has survey of telepsych services in the state (4-5 yrs ago).

Contacts for other Telehealth Programs	Sandhills telepsych in ED;
Interest in Conference	Yes
NCTN service used?	Not offered

Telehealth survey 2012/02/29	
Area of interest	Interview - done - edited
Contact person	Geoffrey Honaker Director, Educational Technology Services SEAHEC Manager, Telemedicine New Hanover Regional Medical Center Wilmington, NC 28401 geoff.honaker@seahec.net ph: 910.667.9230 fax: 866.408.3868 www.seahec.net
Synopsis	SE AHEC: Telederm (peds), Teleed (grand rounds, resident training), Teleconsult(pre-op interview with anesthesiologist),
Other notes	

What types of telehealth activities is your organization involved with?	<p>1) Telederm - Interactive conferences with dermatologist for peds (at UNC CH); AMD patient cameras; patient is present; Duke endowment grant (derm, endocrinology (not needed now), pulmonology(not implemented) - all in peds.</p> <p>2) Teleed - with UNCCH - for residency programs (surgery, grand rounds). Once a week or so. Some with audience at New Hanover only; Broadcast New Hanover grand rounds to Pender. CHS doing teleed (not CME or CEU) for newly purchased staff/docs . CHS manages the physician management group.</p> <p>3) Teleconsult - We have an internal system of two codecs between our Anesthesiology Department and our Outpatient Medical Mall (free standing building at edge of the campus). When patients come in for their pre-operative testing they can VTC with an Anesthesiologist for questions or instructions without having to leave the Med Mall building and navigating the main campus to the Anesthesiology Dept. That system has been in place since 2005 and luckily needs</p>
Protocol outline	<p>1) Telederm - scheduled sessions; once per month (2-8 patients). Live patient in room with video and cameras. Local pediatricians may refer patients for service . Nurses run the equipment.</p>
Key Motives	Dir of Peds Services started the program; improve access to specialty services;
What are the end-point sites ?	5 desktop units at UNC-CH; 4 units locally (one mobile) in New Hanover Regional (in clinics))
Technology partners	Tandberg & Polycom video; AMD cameras.
Store and forward and/or real-time	real time

Types (rad, dermatology, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	telederm
Which patient populations?	pediatric; most patients are Medicaid;
Relevant program volume estimates (e.g. #sites, #patients, #providers)	2-8 patients per month (on one scheduled day per month). Our total VTC activity for calendar year 2011 was 240 videoconferences for educational and business purposes, that excludes the Peds Derm and the Anesthesiology which we don't track. ;
Key challenges and success factors?	Success - physician championship required.
How long has the program been in operation?	1) Telederm - ~since 2006. 2) Teleed - ~since 1993 (for most elements).
Financing model?	10 Telederm - equipment is grant purchased; maint from hospital funds; dermatologist in UNCCH bills insurance for fee; visit fee for local side.
Value proposition	Improve access to specialty services; teleed - make good use of providers' time;
Future plans/phases?	Don't plan to grow current or new programs. May get included on grants for services (Peds ICU app, peds ED app).
Other materials for interested parties (slides, web pages, articles)	

Contacts for other Telehealth Programs	No
Interest in Conference	Yes
NCTN service used?	Yes

Telehealth survey 2012/02/29	
Area of interest	Interview - done - not edited
Contact person	Dr. Steve North My Health eschools President and Founder Center for Rural Health Innovation 11 N. Mitchell Ave. PO Box 1375 Bakersville, NC 28705 828.467.8815 Steve North <steve.north@crhi.org> and Amenda Martin
Synopsis	Center for Rural Health Innovation: telecare(primary care to K-12 schools), telepsych(to primary care site), Telestroke (assessment in ED)
Other notes	MATRC (on board).

What types of telehealth activities is your organization involved with?	<p>1) CRHI (501c3) houses school-based telehealth net. Grants from RUS, HRSA; , 3 schools now; 16 of 18 schools in Yancey and Mitchell Cty coming soon; Video link to E Tenn U for psychologist-based diagnosis; and generally extends acute care to schools (NP at hub site -10 hrs now; full time in fall) diagnose and treat students and school staff & faculty; coordinate with PCPs for patients.</p> <p>2) telepsych - Bakersville Clinic - 2-4 hours per week of psychiatrist and some treatment and mostly consults with Asheville.</p> <p>3) Telestroke - Blueridge to Mission</p>
Protocol outline	See above
Key Motives	Improve access to care; reduce inappropriate ED usage; better resource util, reduce long term costs; improve preventive care for 6-18 yr olds.
What are the end-point sites ?	See above
Technology partners	Intouch for stroke; Cisco video at schools; 3M stethoscopes; Jed-Med - otoscope.
Store and forward and/or real-time	real time

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	stroke, psych (assessment and treatment), primary diagnosis
Which patient populations?	school children; school staff and faculty;
Relevant program volume estimates (e.g. #sites, #patients, #providers)	enrolled 40% of 670 students in 3 schools; 6-8 visits per week in 3 schools (lower than wanted); expect more penetration; telestroke - up one month (2 consults)
Key challenges and success factors?	Challenge - parent acceptance (communication/adaptation issue) Good acceptance of psych svcs by patients;
How long has the program been in operation?	School - since 9/2011; stroke - since 1 month; psych - 2 years.
Financing model?	Financing - grant funding through 2013; then billing for school based (delay is based on need to setup billing protocol); telepsych - clinic site fee is provided and remote gets visit fee; stroke - Mission provides this.
Value proposition	Improve care, lower systemic costs; better use of resources.
Future plans/phases?	Explore teledental w E Carolina Dental; CMS Innovation Grant - more comprehensive eval; expand to Avery and Madison.
Other materials for interested parties (slides, web pages, articles)	He will send.

Contacts for other Telehealth Programs	
Interest in Conference	Yes.
NCTN service used?	No

Telehealth survey 2012/02/29	
Area of interest	Interview - done - edited (consolidated)
Contact person	Charles Tegeler (MD) - Wake Forest ctegeler@wakehealth.edu Department: Neurology Phone Number: (336) 716-9484 -- also --- Bryan T Arkwright barkwig@wakehealth.edu Department: Performance Improvement/Administration Phone Number 336-716-1377 Steve McDonald <rmcdonal@wakehealth.edu>
Synopsis	WakeHealth: Telestroke(assessment in ED), Telecare(general - in planning stages)
Other notes	We have been doing telestroke since 2009, with a very successful program that spans the state from the mountains to the coast, from Ashe Memorial Hospital in Jefferson, NC, to Carteret General Hospital in Morehead

What types of telehealth activities is your organization involved with?	<p>Telestroke - planning started late 2008, first network hospital contract signed 11/09; first site live 12/09; now have 9 telestroke network hospitals. All within 2.0 hrs of WFBH, except Carteret (4.5 hours); increase access to stroke expertise; increase appropriate use of TPA; help patients stay local; avoid unnecessary or inappropriate transfers. Use of robot in the ED. Use of InTouch robot.</p> <p>Use 5 stroke neurologists (on desktop or laptop) on call. Relationship that helps with continuity of care.</p> <p>Interest in other tele-applications.</p> <p>Launched (in 2010) enterprise-wide telehealth opportunity plan; have inventory of pilot programs ongoing, wanted programs. Now have strategic plan and steering committee. Carteret is different in that only the consulting service at WF is used (no xfers).</p>
Protocol outline	<p>Provider at client ED ask for consult.</p> <p>Consultant on call interacts with remote ED provider;</p> <p>Consultant gets on to guide robot (30% of time not needed; just answers questions).</p> <p>Consultant recommends meds if needed (notably TPA), recommends other therapy as appropriate, and</p>
Key Motives	<p>Stroke is a key problem (in the stroke belt); so high need but expertise not physically distributed optimally;</p> <p>Improve care; Lower long-term costs.</p>
What are the end-point sites ?	<p>9 total hospital EDs; 8 in the region plus Carteret (as consultant only).</p>
Technology partners	<p>InTouch</p>
Store and forward and/or real-time	<p>real time;</p>

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	Telestroke, 5-10 others in development or pilot operational state
Which patient populations?	Any potential stroke patient (less than 6 hours after event); any TPA candidate (e.g. over 18 years);
Relevant program volume estimates (e.g. #sites, #patients, #providers)	9 sites (7 active 2 coming soon); 5 consultants; 270 network activations sessions since inception (starting with 1 ED). Now average 4-5 activations per week.
Key challenges and success factors?	Success - team, leadership, and relationships; impetus to make strat plan; flexibility of technology vendor; continuing admin contact by program manager with client sites. Challenges- billing issues; talk to EMS so that they know
How long has the program been in operation?	~2 years build phase;
Financing model?	WF depends on improvements in appropriate transfer patterns. Can get reimbursement for telehealth in rural NC counties. Not billing for consults now for regional sites; Carteret pays from hosp dollars;
Value proposition	Improve care, improve outcomes, lower costs. Re-engineer the best care possible for the patient. Necessary for the current healthcare industry, improve the ability of hospitals and clinicians to deliver the right care at the right time in the right place.
Future plans/phases?	Integrate with E H R - for ops and planning and quality control.
Other materials for interested parties (slides, web pages, articles)	They will add in response to email.

Contacts for other Telehealth Programs	WF start plan anticipates ; UNCG - speech therapy rehab ? UNC - STARS (post stroke care) ? Brad Kolls at Duke - telestroke (via Intouch). Mission - Johnathon Bailey (telestroke). CMC - Andrew Asimos (sic?) - piloting telestroke; Novant - telestroke;
Interest in Conference	Depends on intent ; not preaching to choir; bring in interested parties.
NCTN service used?	Not offered yet

Telehealth survey 2012/02/29	
Area of interest	Interview - done - no editing needed
Contact person	Paige Bennett, MPH Quality Improvement Specialist NC Stroke Care Collaborative DHHS-DPH-CDI-HDSP Phone: (919) 707-5377 Fax: (919) 870-4802 Email: Paige.Bennett@dhhs.nc.gov Mailing Address: 1915 Mail Service Center Raleigh, NC 27699-1915
Synopsis	NC Stroke Care Collaboration: Telestroke (ED assessment) programs in WakeMed, CMC, Mission), Telerehab (speech rehab after stroke)
Other notes	In previous job she worked for disability determination services. So, involved with NCHICA's project in this area. Worked with Tegeler on stroke/cardiovascular.

What types of telehealth activities is your organization involved with?	<p>Forsyth has telestroke program that differs from Wake Forest in that Forsyth has third party vendor as consultant (doing the sessions); Forsyth (part of Novant) does only program/process QI/admin. Helps produce Primary Stroke Care Certification. (Joint Commission - improves hospital public profile, MU requirements)</p> <p>Interview - Teresa Smiley - contact ?? -</p> <p>Some programs see a competitive advantage.</p> <p>Wakemed and Duke likely starting telestroke programs soon.</p> <p>CMC has site in SC doing "pilot" on telestroke.</p> <p>Mission - Jonathon Bailey - 2 stroke sites now. Got grant to expand to 5-6 sites.</p> <p>Michael Campbell - UNCG - stroke (speech) rehab tele-application; grant based.</p>
Protocol outline	
Key Motives	
What are the end-point sites ?	
Technology partners	
Store and forward and/or real-time	

Types (rad, derm, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	
Which patient populations?	
Relevant program volume estimates (e.g. #sites, #patients, #providers)	
Key challenges and success factors?	
How long has the program been in operation?	
Financing model?	
Value proposition	
Future plans/phases?	
Other materials for interested parties (slides, web pages, articles)	She will send map.

Contacts for other Telehealth Programs	
Interest in Conference	
NCTN service used?	NA

Telehealth survey 2012/02/29	
Area of interest	Interview- done - edited
Contact person	Michael Young- UNC michael_young@med.unc.edu (919) 966-5880 (919)3575626
Synopsis	UNC: Telepsych(therapy for cancer patients), Teleed(tumor boards)
Other notes	tumor boards; mental health program (CCSP - Comp. Cancer Support Program-therapy - Dare County) ; Don Rosenstein (Psychiatrist) is in charge of medical side

What types of telehealth activities is your organization involved with?	UNC Cancer Network Telehealth Program (out of CCSP)- Mental health therapy support for cancer patients and family. Tied to nurse navigation program (Dare, ECU, Mission) specialized oncology nursing.
Protocol outline	Patient is offered mental health therapy, genetic counseling, pain mgmt via nurse navigation and/or oncologist. Patients come to hospital (rented space inside hospital) at scheduled time. Nurse sets up call in hospital. Provider end-point managed by staff. Provider and patient in therapy session. Data is moved on UNC EMR
Key Motives	Part of mission.
What are the end-point sites ?	hospitals and around UNC-CH campus;
Technology partners	Cisco EX90 (at hospital); or Cisco E20(in physician work areas); MOVI ; Polycom HDX
Store and forward and/or real-time	real time;

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	mental health - video-based; E H R access.
Which patient populations?	cancer patients
Relevant program volume estimates (e.g. #sites, #patients, #providers)	4 psychiatrist; 1 genetics; 1 pain mgmt; two nurse navigator (Dare); program manager; scheduling person; 2-3 sessions per week
Key challenges and success factors?	Limits on UCRF on use for patient care. ; getting more time from professionals not clearly motivated.
How long has the program been in operation?	year and a half in operation
Financing model?	Funding from UCRF (University Cancer Research Fund - research and outreach) for technology and non-prof services. Prof services paid for by insurers.
Value proposition	Improve mental health status of patients w cancer.
Future plans/phases?	Would like to grow, but funding source for technical and professional services not apparent. Go to more underserved communities and different providers.
Other materials for interested parties (slides, web pages, articles)	he will send links etc.

Contacts for other Telehealth Programs	Stroke management – Ana Felix Diabetes – Rich Davis Ped Rehab – Josh Alexander PICU – Keith Kocis
Interest in Conference	Yes
NCTN service used?	Some

Telehealth survey 2012/02/29	
Area of interest	Interview- done
Contact person	Bonnie Britton - bonnie.britton@vidanthealth.com ; (Tom Irons, Doyle (Skip) Cummings) Bonnie Britton, MSN, RN, ATAF Vidant Telehealth Program Administrator Vidant Health 2100 Stantonsburg Road P.O. Box 6028 Greenville NC 27835 Phone 252-847-6419 Cell 252-220-2782
Synopsis	Vidant Health: Telehomecare (Cardiovascular disease - post discharge), Telehomecare (planned - support for - diabetes, renal disease)
Other notes	Bonnie - left RCCHC in August 2011; create new division in corp quality; impl telehealth program;

What types of telehealth activities is your organization involved with?	Cardiovascular disease at home monitoring (first phase) expect to expand to other disease at-home monitoring later (e.g. diabetes, renal disease) by Vidant Health.
Protocol outline	<p>- 4 hospitals; use patient activation tool to select and initiate patients - focus on non-engaged patients' care; intro while in hospital; Patient gets home monitoring unit (Ideal life)</p> <p>- centralized nurse staff remotely gather readings (or lack of readings) for at least 30 days; can extend 60-90 days</p>
Key Motives	Improve care quality; reduce early readmits; improve care quality scores (e.g. Medicare incentive program).
What are the end-point sites ?	hospitals (4-6), patient homes (200-500 per 30 days); bank of nurses in Ahoskie (office bldg)
Technology partners	Ideal life (Toronto) - http://www.ideallifeonline.com/ Cellular data is transmission mechanism
Store and forward and/or real-time	near real-time from patients to nurse; store-and-forward to PCPs.

Types (rad, derm, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	Remote Home Monitoring- heart function (BP, pulse), weight (cardiac patients). Pulse ox (if pulmonary problem);
Which patient populations?	Cardiovascular disease (for now) others likely later.
Relevant program volume estimates (e.g. #sites, #patients, #providers)	4-6 hosp; 250-500 patients; 85-100 patients per nurse-shift; all PCPs are vidant health providers; grow to non-vidant providers.
Key challenges and success factors?	Need to expand beyond this small fraction (10-20 pct of useful total) of cardiac disease patients and expand to other diseases(diabetes, renal failure).
How long has the program been in operation?	just starting; 1q2012.
Financing model?	Vidant Health paying; forecast to reduce short readmits (and Medicare non-payments for such readmits); improved quality scores (e.g. Medicare - reimbursement improvements; 30% based on quality). Expect more of these types of pay-for-quality initiatives in the future.
Value proposition	Improve care quality; reduce early readmits ; Improved revenue (or reduced costs); ops improvements - e.g. integration of readings into PCP's E H R (save faxing/calls).
Future plans/phases?	growth over the next few quarters; will use PCPs to initiate patients later (50+ sites)
Other materials for interested parties (slides, web pages, articles)	She will send a PPT.

Contacts for other Telehealth Programs	Gaston Memorial- she will send info
Interest in Conference	Gaston Memorial- she will send info
NCTN service used?	Yes - Vidant sites

Telehealth survey 2012/02/29	
Area of interest	Interview- done - edited
Contact person	Sheila Davies <SDavies@albemarlehealth.org> Sheila Davies, MPA Project Director - Telepsychiatry Albemarle Hospital Foundation (252)384-4646 sdavies@albemarlehealth.org
Synopsis	AlbemarleHealth: Telepsych (assessments in ED)
Other notes	7 hospitals now; more this year- Carteret and Martin, Pungo, Beaufort.; project for Vidant; Duke endowment grant- to help reduce length of stay for psych patients- especially ER admits. Avail 7 days per week expanding to 24x7 soon. Coastal Carolina Neuropsychaitric Center.

What types of telehealth activities is your organization involved with?	Doing psych assessments with disposition and med recommendations.
Protocol outline	Per hospital request;
Key Motives	Intervening quicker with a psychiatrist (vs ED physician) overcomes liability for involuntary commitments. Reduces length of stay by better disposition sooner or shortening crisis via early meds. Better care, but not financially neutral yet.
What are the end-point sites ?	See above
Technology partners	Polycom video. , broadband (NCTN for Vidant); mobile carts.
Store and forward and/or real-time	real time.; for 5 hospitals use healthspan (Vidant's E H R) for two (Duplin, and Aalbemarle) fax.

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	psych assessment
Which patient populations?	Emergent psychiatric issues; could also be inpatients admitted for other reason.
Relevant program volume estimates (e.g. #sites, #patients, #providers)	7 providers at Coastal Carolina; 412 assessments in ER ; 20 inpatient in 2011 at Albemarle. 608 for all hospitals - though most hospitals came on only in 4Q2011. Project to do 1500 assessments in 2012. Roughly, 1100 unique patients.
Key challenges and success factors?	Success factor - good partner (Coastal); Reimbursement is challenge. Need data to be gathered this year. BCBS, Tricare, Medicaid, and Medicare are reimbursing now. Hospitals do the technical costs - to avoid overuse of ED.
How long has the program been in operation?	About 1 year
Financing model?	See above.
Value proposition	See above.
Future plans/phases?	See above.
Other materials for interested parties (slides, web pages, articles)	See two files with names starting "Albemarle Hosp..."

Contacts for other Telehealth Programs	Some use of equipment for audiology consult. Stroke potential in the future.
Interest in Conference	
NCTN service used?	Likely

Telehealth survey 2012/02/29	
	Interview- done
Area of interest	
Contact person	Josh Alexander does peds rehab via telemedicine. "Alexander, Joshua Jacob" <joshua_alexander@med.unc.edu>Joshua J. Alexander, MD, FAAP, FAAPMR Director Pediatric Rehabilitation UNC School of Medicine Program Director TelAbility http://www.TelAbility.org
Synopsis	UNC (peds): Teleconsult (children with disabilities), Teleed (for parents, children with disabilities)
Other notes	

What types of telehealth activities is your organization involved with?	Telemed and ed for allied health for children with disabilities; online community; parent-professional listserv; website content
Protocol outline	Does remote multidisciplinary followup with outpatients in Raleigh and Wilmington; about 30 minutes/visit; Discussion, remote facilitator; use UNC E H R; bill for prof services; Tele-ed - interactive multipoint via NCREN (20-40) participants at 3-5 sites every other week (OT/PT/Speech, child service coords, psychologists) <u>Infant-Toddler CEUs webcasts archived</u>
Key Motives	1) Increase patient/family access to specialized svcs 2) Provide reliable info to parents and providers, 3) Create online community of care. 4) Leverage resources across the state
What are the end-point sites ?	2 sites at UNC; Raleigh CDSA, Wilmington CDSA, Smart Start Raleigh, Community Partnerships, Ped Therapy Assoc, Development Therapy Assoc, Abilitations, Tammy Lynn Center, Greenville CDSA. Asheville AHEC
Technology partners	Tandberg/Cisco- Edge 95 and MXP 1700
Store and forward and/or real-time	real time

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	educational videoconferencing; real-time telemedicine
Which patient populations?	children with disabilities and their parents; mostly Medicaid; also TriCare, BCBS, other Private Insurances
Relevant program volume estimates (e.g. #sites, #patients, #providers)	3500 teleed participants in 94 video session in last six years; 200 multidisciplinary videoclinics involving 1680 people over the last 6 years; website averages 250,000 hits/month
Key challenges and success factors?	Give the people what they want; funding challenge; finding champions at the sites; clinical, administrative and IT support; sweat equity model.
How long has the program been in operation?	14 years (since 1998)
Financing model?	telemed - prof svcs insurance ; rest is grants (technical, admin); more grants needed for program support (not so much for connectivity)
Value proposition	Better care, lower long-term costs, save patient travel time and costs, professional training at lower cost. Stretch providers geographically.
Future plans/phases?	Look at military families who have children with disabilities. Use telehealth in homes to reduce ER visits and LOS; improve health.
Other materials for interested parties (slides, web pages, articles)	www.telability.org

Contacts for other Telehealth Programs	
Interest in Conference	
NCTN service used?	No

Telehealth survey 2012/02/29	
Area of interest	Interview- done - not edited
Contact person	Susan Bonville, Director of Operations and Customer Support. 910-715-5393 sbonville@firsthealth.org.
Synopsis	First Health: Telepsych(assessment in ED), Telecare(K-12 schools), Teleed(diabetes ed for patients), Telehomecare(cardio, diabetes, wound mgmt).
Other notes	She is a Director reporting to Dave Dillehunt; manages regional support (non-hospital based), RHIA,

What types of telehealth activities is your organization involved with?	<p>1) early telehealth activities were psych outreach ; grant driven;</p> <p>2) have home care group seeking grant for telehealth for coord with clinics, schools, hospitals.</p> <p>3) In schools (Montgomery cty) got grant \$ for remote examination (physical and mental)</p> <p>4) Diabetes mgmt - sessions from family care center for patient education.</p> <p>5) Home monitoring - 6 years; grant funded; weights, BP, glucose, wound mgmt; (Philips) 100 monitors in the field.</p> <p>6) Telepsych - with CCNC (Sandhills).</p>
Protocol outline	<p>1) Patient in ED when ER doc needs assist from psychiatrist then ED can get psych assessment from remote provider in his/her clinic. Also, have docs who contract to do this remotely.</p> <p>2) Coordinate care ; patients in school, clinic, hospital. Use video to allow remote provider to do assessment that supports care continuity.</p> <p>3) School health - remote provider do assessment (with local</p>
Key Motives	Provide more access without having patients move; to avoid loss of care opportunities (with higher needs/costs later). Better use of staff.
What are the end-point sites ?	see above
Technology partners	Tandberg, Philips (home monitoring), AMD (scopes etc)
Store and forward and/or real-time	real time;

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	
Which patient populations?	see above
Relevant program volume estimates (e.g. #sites, #patients, #providers)	She will provide data.
Key challenges and success factors?	Umbrella/integration to support growth. ; continuing funding.
How long has the program been in operation?	see above
Financing model?	grant based; cost avoidance (early readmits)
Value proposition	Provide more access without having patients move; to avoid loss of care opportunities (with higher needs/costs later). Better use of staff.
Future plans/phases?	Program integration that supports reuse of equipment and services. CMS Innovation grant potential.
Other materials for interested parties (slides, web pages, articles)	She sent two articles - saved in the article cache with names beginning "First Health...".

Contacts for other Telehealth Programs	None.
Interest in Conference	None.
NCTN service used?	Yes.

Telehealth survey 2012/02/29	
Area of interest	Interview- done - not edited.
Contact person	Brett A Parkhurst RN BS "Parkhurst, Brett" <baparkhurst@CCGH.org> Stroke Program Coordinator Carteret General Hospital Morehead City, NC 28557-1619
Synopsis	Carteret General (with WakeHealth): Telestroke(assessment in ED).
Other notes	He thinks Duke and Chapel Hill will do same telepsych.

What types of telehealth activities is your organization involved with?	<p>1) Telestroke - Utilizing WF for care; TPA admin mgmt (speed); keep down unnecessary transfer (to PCMH); no third party billing; Carteret pays WF consultants. WF accesses Carteret PACs and EMR.</p> <p>2) Looking for a telepsych; improve quality care of mental health inpatients (or ED). Assessments for involuntary commitment; can we discharge safely; expedite placement.</p> <p>3) Just rolled out telehealth support for CHF - reduce readmit rate(home based) ; RN gets data at first by exception; RN calls PCP. Improve care; reduce early readmits.</p>
Protocol outline	See above.
Key Motives	See above.
What are the end-point sites ?	<p>1) Carteret, Wake Forest, PCMH.</p> <p>2) Carteret ED, Greenville based psych company (to all Vidant hospitals also);</p>
Technology partners	Intouch health RP7 "robot".
Store and forward and/or real-time	1) realtime, 2) psych realtime, 3) real time/store and forward.

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	psych, stroke, Cardiovascular
Which patient populations?	1) anyone who is TPA candidate 2) anyone 3) CHF patients (non-compliant). Bias toward vulnerable populations.
Relevant program volume estimates (e.g. #sites, #patients, #providers)	1) stroke - 300 strokes per year; telehealth used for subset (50 sessions per 9 months) 5 physicians at WF , all Carteret ED physicians, 2) psych - est monthly use 70-80 sessions per month.
Key challenges and success factors?	Success- multi-disciplinary approach (service process model); champions; boon for marketing; patient enthusiasm. Challenges - culture; financial sustainability.
How long has the program been in operation?	1) 9 months 2) just started 3) just started.
Financing model?	1) hosp \$, 2) hosp \$, 3) hosp \$: offset operational losses.
Value proposition	Improve care quality, lower long term costs;
Future plans/phases?	Look at provider with multiple service lines / specialties with one equipment set;
Other materials for interested parties (slides, web pages, articles)	He will do when he respond to note draft.

Contacts for other Telehealth Programs	Dr. Hall at UNC (via Tegelar) doing stroke; Duke may be doing stroke; CarolinaEast - New Bern does telestroke (Videc "Vic" Parwani)
Interest in Conference	Yes; use Eastern NC stroke network; NC Stroke care collaborative.
NCTN service used?	Yes

Telehealth survey 2012/02/29	
Area of interest	Interview- done - edited
Contact person	Kim Schwartz - kschwartz@rcchc.org
Synopsis	Roanoke-Chowan Community Health Center: Telehomecare(cardio)
Other notes	Got state grant in NC ;

What types of telehealth activities is your organization involved with?	Remote (patient in home; provider at work site)-patient monitoring ; since 2006; needed better case mgmt; Cardiovascular disease. ; plan of care for each patient; data collected and sent to nurse case manager 5 days a week; nurse decides on whether to enact an intervention; may call patient and/or notify provider; can now get directly to clinic E H Rs. Every two weeks get report downloaded to E H R. If patient has multiple issues, other specialist may be notified (with consent).
Protocol outline	See above.
Key Motives	Had bad indicators for chronic disease in the community and their mission as CHC made changing this a priority. Wanted to provide industry with effectiveness of telehealth) data to spur more adoption and more favorable
What are the end-point sites ?	patient homes; CHCs and PCP offices; multi-user kiosk at wellness centers , residential care centers, nursing home, assisted living centers, etc.
Technology partners	vendor neutral; do RFP for each major project; Philips (not Intel because of broadband need by Intel equipment). ; Ideal Life largest current vendor; InScope International - aging in place focus.
Store and forward and/or real-time	store-and-forward;

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	home monitoring of chronic disease.
Which patient populations?	sickest, most non-compliant, vulnerable population; any age (peds diabetes, asthma).
Relevant program volume estimates (e.g. #sites, #patients, #providers)	Over 5 years, 9 CHCs, 3 UHS hospitals, 1 CCP, about 500 patients over 5 years (remote monitoring or kiosk); 50 providers over time; 1 RN manages 100 patients at a time (full time load); has 2 full time more and a couple of other PRN nurses.
Key challenges and success factors?	High price of equipment (disappearing), engaging providers, reimbursement model for sustainability.
How long has the program been in operation?	5 years
Financing model?	CMS Innovation grant apps; other grant historically- Health and Wellness Trust Fund, Office of Rural Health, HRSA (OAT), KBR, Obici Foundation, Roanoke-Chowan Foundation
Value proposition	Improve health, lower long-term costs.
Future plans/phases?	Find sustainable payment source;
Other materials for interested parties (slides, web pages, articles)	She will send.

Contacts for other Telehealth Programs	
Interest in Conference	
NCTN service used?	Yes

Telehealth survey 2012/02/29	
Area of interest	Interview- done - from web site
Contact person	"Gloria Jones" <JONESGL.FacultyStaff.Exchange@pcmh.com> (252) 744-3855 Peter Kragel, MD. Director kragelp@ecu.edu Brody School of Medicine
Synopsis	ECU: (most frequent): Teledermatology, Telecardiology (pediatric and adult), Tele -pediatrics (general and neonatal), Telepsychiatry (mostly pediatric, some adult), and Tele-rehabilitation medicine, tele-radiology, Telehome care.
Other notes	Note are from web pages; not an interview

What types of telehealth activities is your organization involved with?	<p>Telemedicine transactions conducted via the network include initial patient assessment/primary diagnosis, management/follow-up of patients that were initially seen in-person or via telemedicine, and referred specialty consultation.</p> <p>The most frequently used clinical applications of telehealth at ECU are: dermatology, cardiology (pediatric and adult), pediatrics (general and neonatal), psychiatry (mostly pediatric, some adult), and rehabilitation medicine. In addition, the Center was involved in the initial startup of several other active telehealth activities that now operate independently from the Center, including tele-radiology, home care , and the "Hello Mommy" system in the Neonatal Intensive Care Unit (NICU).</p> <p>Telepathology (at OBX Hospital)</p> <p>Telehealth for Residential Special Needs Schools</p> <p>International Infectious Disease Consultation</p> <p>Heart Failure Management via Telemedicine</p> <p>Prison consults</p> <p>Distance Learning</p>
Protocol outline	Currently, telehealth transactions conducted via our network comprise initial patient assessment/primary diagnosis, management/follow-up of patients that were initially seen in-person or via telemedicine, and referred specialty consultation. Generally, our telehealth services fall into one of three categories - scheduled, urgent, or emergent. Scheduled services are planned in advance and involve either an individual patient case or group of cases from a single site or specific specialty "clinics" that can be from one or more sites. For example, a scheduled dermatology clinic might involve several UHS-affiliated hospitals, a state institution(s), and a federal site (e.g. a prison). Urgent services are not scheduled in advance and are conducted upon request. A common urgent request is for a pediatric
Key Motives	<p>Golden Leaf Foundation "Eastern North Carolina Telehealth Network" (ONLY ONE PROJECT FOR ECU)</p> <p>The goal of this project is to leverage our extensive experience in telemedicine and successful sustained operations to establish four</p>
What are the end-point sites ?	
Technology partners	
Store and forward and/or real-time	store and forward and real time

Types (rad, dermatology, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)	Most common uses: dermatology, cardiology (pediatric and adult), pediatrics (general and neonatal), psychiatry (mostly pediatric, some adult), and rehabilitation medicine, In addition, the Center was involved in the initial startup of several other active telehealth activities that now operate independently
Which patient populations?	
Relevant program volume estimates (e.g. #sites, #patients, #providers)	Locations: Greenville-Brody School of Medicine Ahoskie-Roanoke-Chowan Avon-HealthEast Family Care Belhaven-Pungo District Hospital Edenton-Chowan Hospital
Key challenges and success factors?	
How long has the program been in operation?	Since 1992
Financing model?	
Value proposition	
Future plans/phases?	
Other materials for interested parties (slides, web pages, articles)	http://www.ecu.edu/cs-dhs/telemedicine/index.cfm

Contacts for other Telehealth Programs	
Interest in Conference	
NCTN service used?	

Telehealth survey 2012/02/29				
Area of interest	Interview- awaiting time	Interview- asked	Interview - pass	Interview- awaiting time
Contact person	Don.Hambridge @carolinashealt hcare.org>	Moses Cone- john.jenkins@moses cone.com	Monte Brown monte.brown@duk e.edu	Ed Hammond William.ha mmond@du ke.edi
Synopsis				
Other notes				

What types of telehealth activities is your organization involved with?				
Protocol outline				
Key Motives				
What are the end-point sites ?				
Technology partners				
Store and forward and/or real-time				

Types (rad, derm, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)				
Which patient populations?				
Relevant program volume estimates (e.g. #sites, #patients, #providers)				
Key challenges and success factors?				
How long has the program been in operation?				
Financing model?				
Value proposition				
Future plans/phases?				
Other materials for interested parties (slides, web pages, articles)				

Contacts for other Telehealth Programs				
Interest in Conference				
NCTN service used?				

Telehealth survey 2012/02/29			
Area of interest	Interview - pass	Interview - ref to CCNC	
Contact person	Tom Irons - ECU IRONST@ec u.edu.	Nancy Henley henleyn@g mail.com	
Synopsis			
Other notes			

What types of telehealth activities is your organization involved with?			
Protocol outline			
Key Motives			
What are the end-point sites ?			
Technology partners			
Store and forward and/or real-time			

Types (rad, dermat, mental assessment, mental treatment, path, remote patient monitoring, education, video conf, still image, other)			
Which patient populations?			
Relevant program volume estimates (e.g. #sites, #patients, #providers)			
Key challenges and success factors?			
How long has the program been in operation?			
Financing model?			
Value proposition			
Future plans/phases?			
Other materials for interested parties (slides, web pages, articles)			

Contacts for other Telehealth Programs			
Interest in Conference			
NCTN service used?			